BEST PRACTICES IN

CAPACITY BUILDING

And

DISEASE MANAGEMENT AND PREVENTION

TO ADDRESS

MINORITY HEALTH DISPARITIES

SEPTEMBER 2007

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INTRODUCTION

Eliminating minority health disparities continues to be a goal for state health policymakers, planners, educators, and legislators. They are challenged to identify effective strategies and programs. To this end, we have developed this document to offer examples of promising practices in capacity building and disease management. These practices demonstrate that state and local efforts can be effective in reducing health disparities.

This report presents examples of community-based activities, operational procedures or capacity building approaches in addressing minority health disparities. The sections of each entry are program description, innovation (a unique distinction of the program), results/progress (an assessment/evaluation), and sources of further information

The phenomenon of health disparity is socioeconomically complex, and often requires intervention at many points to be effective. Therefore, some limitations in selecting ‘Best Practices” must be noted. Overall, it is difficult to qualify any program or practice as "best." Perhaps, “promising” practices is a term that will better serve us. Assessments of efforts to address minority health disparities are constrained by the fact that little validating research is available to prove one approach more effective than another. Consequently, the scope of the literature review and web scan was narrow. Nevertheless, we attempted to select practices that have offered some form of evaluation or an account of results or progress.

We hope these examples in this document will be of use to a broad audience of stakeholders interested in improving the availability and quality of approaches addressing minority health disparities. They demonstrate the practical ways in which public and private entities are working together to improve the health of all citizens. A resource list of contacts, resources, and reference documents appears at the end of this report.

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410-767-7117

CAPACITY BUILDING

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BEST PRACTICES in REDUCING HEALTH DISPARITIES CAPACITY BUILDING

State Action Plan	**North Carolina**	**January, 2003**
Model	Location	Date

DESCRIPTION:
The North Carolina Department of Health and Human Services (DHHS) and the DHHS Steering Committee of Eliminating Health Disparities worked together to produce a state action plan, "A Call to Action". The Call to Action provides an overview of NC demographics and health disparities. It uses the *Healthy People 2010* conceptual framework to present the determinants of health status and health disparities. The NC DHHS used a multi-faceted process to develop recommendations and the action plan. The process included Office of Minority Health and Health Disparities (OMHHD) focus groups and regional meetings focusing on identifying health disparity issues and a DHHS Disparity Program Assessment instrument (questionnaire). The focus groups and regional meetings helped to identify external perspectives for the department to consider in formulating the Call to Action. The Program Assessment instrument focused on developing a DHHS internal perspective. Each participating DHHS division/office developed an action plan to include: key recommendations, action steps to achieve recommendations; timeframe for achieving action step; an evaluation approach to measure progress; data needed to measure action step; and identification of the resources available to meet the recommendation.

INNOVATION:
Leadership in departmental collaboration and systems change.

RESULTS/PROGRESS:
The North Carolina DHHS Divisions/Offices continue to operate at different stages in this systems change process. However demonstrated progress as evidenced by the following short-term impact: improved racial/ethnic data collection; more programs have completed internal assessment; disparity issues are incorporated in policies, program guidelines, and contract language with local agency partners; statewide workshops and outreach have increased awareness outside the traditional public health arenas; key policy initiatives around language services; additional funds have enabled DHHS divisions/offices to invest in disparity issues in new ways; Americorps grant funds "Health Disparity Fellows" placed in local health agencies and community-based organizations; DHHS internal teams and new partnerships across divisions/offices around disparity issues; DHHS divisions' and offices' implementation of cultural competency training and minority recruitment; more community involvement.

SOURCE:
Office of Minority Health & Health Disparities NC DHHS 1906 Mail Service Center Raleigh, NC 27699-1906
Courier #56-20-11 Phone: (919) 431-1613 Fax: (919) 850-2758 E-Mail: **OMHHD@ncmail.net**
North Carolina Medical Journal Vo.65 (6): 359-362

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BEST PRACTICES in REDUCING HEALTH DISPARITIES CAPACITY BUILDING

Program and Policy Development	**Indiana**	**April, 2003**
Model	Location	Date

DESCRIPTION:
Indiana, through the Indiana State Department of Health and its Minority Health Advisory Committee, in collaboration with public/private partners, produced *Healthy Indiana-A Minority Health Plan for the State of Indiana*. This plan offers four overarching strategic goals to eliminate minority health disparities: 1) prepare evidence-based documentation; 2) develop interventional strategies; 3) identify and solidify effective public/private community-based partnerships; 4) reduce disparities of any focus area to < 5%. The Plan uses the 2001 Minority Health Report in a data-driven, evidence-based, community-centered, multidisciplinary approach to assess documented gaps and identify critical areas of intervention. The Plan highlighted critical success factors as – community recognition and perception of disparities, community agreement, community acceptance, and community support for the Plan and its interventions.
"Hoosiers working together to ***HEAL the GAP*** in racial and ethnic health disparities for all people in Indiana."

INNOVATION:
Community coalitions throughout Indiana that address the health needs of all minorities. This system of minority health coalitions, which is unique in the nation, has been an extremely valuable component in confronting these disparities.

RESULTS/PROGRESS:
The OMH is responsible for publishing the yearly Indiana Minority Health Report. *(2004 Report posted on website)*This report compares local and national data for ten leading causes of death among racial and ethnic groups, and reviews OMH's progress toward attaining Healthy People 2010 goals and objectives. Currently, OMH is involved in a number of federally and state funded health promotion and disease activities, including the PROMiSE Project to Improve Minority Health, the 2006 INShape Black and Minority Health Fair, and the Too Sweet for Your Own Good Diabetes Education Conference

SOURCE:
Carolin Requiz Director, Office of Minority Health Phone: 317-233-7596 FAX: 317-233-7943
Website: http://www.in.gov/isdh/programs/omh

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BEST PRACTICES in REDUCING HEALTH DISPARITIES CAPACITY BUILDING

Civic engagement: Statewide non-profit organization	**Washington**	**2005**
Model	Location	Date

DESCRIPTION:
The Washington Health Foundation leads the Healthiest State Campaign that currently involves more than 725 participating organizations, nearly 30,000 individuals, and more than 200 schools across the state. The Campaign centers on the central idea that the state must create Healthy Systems in order for Washingtonians to sustain Healthy Living. While individuals have responsibility for their own health and that of their families, they must also work together with workplaces, schools and governments to ensure that healthy choices are the easy choices for all Washingtonians. The WHF Report Card provides a quantifiable indication of the state's current health status, as well as targets for achieving the ultimate goal—making Washington the Healthiest State in the Nation. Health outcomes measured are: premature death rate, selected mortality rates, limited activity days, emotional well-being, infectious disease rate, and health disparity. The Washington Health Foundation presented its *2006 Report Card on Washington's Health* in December. An indicator considered critical to Washington's health, the extent to which disparities in health exist between our state's major racial and ethnic minorities and Caucasians, is described in this report. However, the challenges encountered in assembling comparable data for all states on the major minority groups for each of the indicators prevented it being systematically factored into the rankings. The Campaign offers culturally specific activities, such as the Latina Health Fair.

INNOVATION:
This nonprofit organization is noted for leading the largest civic engagement project for health in Washington state history. It was featured as an exemplary model of action in the 2006 *America's Health Rankings* by the United Health Foundation.

RESULTS/PROGRESS:
WHF found evidence of fewer disparities in Healthy Living measures among racial and ethnic minorities. WHF is concerned about rates of smoking, binge drinking and seat belt use among the state's American Indian/Alaska Native population, and about lower rates of physical activity and seat belt use among Hispanics. However, Hispanic smoking rates, African-Americans' receipt of certain types of preventive care, and many health indicators among Asian/Pacific Islanders exceed measures for Caucasians.

SOURCE:
Website: www.whf.org

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BEST PRACTICES in REDUCING HEALTH DISPARITIES CAPACITY BUILDING

Funding Strategy: Community-Based Programs | **Florida** | **2000-Present**

Model | Location | Date

DESCRIPTION:

The Reducing Racial and Ethnic Health Disparities "Closing the Gap" grant program, section 381.7351, Florida Statutes, was signed into law on June 8, 2000. The program is administered by the Office of Equal Opportunity and Minority Health. Since the initial appropriations, a total of $24.8 million has been awarded by the Legislature to provide funding through grants to local counties and organizations. These grants are utilized to stimulate the development of community and neighborhood-based organizations to improve health outcomes of racial and ethnic populations and promote disease prevention activities. Closing the Gap grants target seven priority health areas: cancer, cardiovascular disease, diabetes, adult and child immunizations, HIV/AIDS, maternal and infant mortality and oral health care. Projects funded through the Closing the Gap grants help stimulate broad-based participation and the support of both public and private entities.

INNOVATION:

Funding strategy that directly targets community and neighborhood based interventions. Fostering partnerships between local governments, community groups and private sector health care organizations

RESULTS/PROGRESS:

The current General Revenue funding of $5.6 million for the program supports a total of 57 granted projects in 37 Florida counties (67 counties). FY2003-2006, number of clients served: 531,685. Racial and ethnic individuals served through this project were African-American 56%; Hispanic 19%; Haitian 5%; Asian 3%; Caucasian 14%; other 3%. Immunizations, screenings, and client contacts

	03-04	05-06
Immunizations	6,901	18,337
HIV/AIDS contacts	105,706	87,026
Screenings:		
Maternal & infant	1,376	6,924
Cvd	5,686	14,486
Cancer	2,913	4,859
Diabetes	2,051	7,235

SOURCE:

(850) 245-4941, Phone (850) 245-4124, Fax MinorityHealth@doh.state.fl.us, Emailwww.doh.state.fl.us/Minority, Website

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BEST PRACTICES in REDUCING HEALTH DISPARITIES CAPACITY BUILDING

Healthcare Quality:Health Information Technology (HIT) Sacramento, CA 9/04-8/07

Model Location Date

DESCRIPTION:

Many are concerned that if HIT follows patterns observed with other technologies, it will diffuse in ways that further disadvantage vulnerable populations; populations that use safety net providers. Ensuring safety net providers have access to HIT and/or EHR is a critical component in reducing disparities in healthcare and quality of care. Safety net providers are included in AHRQ's "The Decade of Health Information Technology: Delivering Consumer-centric and Information-rich Health Care", a grants program building health information infrastructure. A grantee example: The California Rural Indian Health Board's *IT Systems for Rural Indian Clinic Health Care* integrates health services research, clinic redesign, electronic practice management through implementation of electronic health records and clinical decision support systems by partnering with three rural Tribal Health Programs to implement electronic health records with clinical decision support systems in a coordinated effort to reduce hospitalizations that may be preventable through improving quality of care and reducing medical errors.

INNOVATION:

Health Information Technology in community-based clinics

RESULTS/PROGRESS:

The information technology (IT) systems that result will be used in conjunction with local hospitals to support the review of all hospitalizations for their preventability and to detect and track the programs' medical and medication errors as well as their clinical care performance according to standardized performance guidelines. (Principal Investigator: Susan Dahl, California Rural Indian Health Board; Grant HS15339, 9/20/04-8/31/07)

SOURCE:

CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.
4400 Auburn Boulevard, 2nd Floor Sacramento, CA 95841 1.916.929.9761, voice 1.916.929.7246, fax Internet: www.crihb.org

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BEST PRACTICES in REDUCING HEALTH DISPARITIES
CAPACITY BUILDING

Information Clearinghouse: State Policy	**New York, NY**	**June, 2004**
Model	Location	Date

DESCRIPTION:
The Commonwealth Fund supported report "A Policy Agenda to Eliminate Racial and Ethnic Health Disparities" provides a menu of policy interventions that have been implemented by various states and local communities to address minority health and healthcare disparities. The interventions are divided into those that target infrastructure, management, and capacity; and health conditions. Examples of promising practices, statutes, regulations, and programs are discussed under each section.

INNOVATION:
A focus on states and their communities as catalysts for policy change; acknowledging that policy advances in states frequently lead to policy innovation at the federal level.

RESULTS/PROGRESS:
This report is often listed as a landmark report in the knowledge base of minority health disparities. The Commonwealth Fund continues its work in health disparities with the support of other related projects.

SOURCE:
The Commonwealth Fund, One East 75th St., New York, NY, Phone:212-606-3800, Fax:212-606-3500 www.cmwf.org

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BEST PRACTICES in REDUCING HEALTH DISPARITIES CAPACITY BUILDING

Networking: Regional Partnerships Washington, D.C. 1998 to Present

Model Location Date

DESCRIPTION:

As part of a larger national strategy, this new initiative seeks to facilitate the improvement of minority health and elimination of health disparities (adult/child immunization, asthma, cancer, diabetes, heart disease and stroke, HIV, infant mortality, and mental health) through the development of partnerships with established state and territorial offices of minority health. OMH maintains minority health consultants in each of the 10 HHS Regional Offices, and helps build a network of consumers and professionals working on minority health issues

INNOVATION:

An effort to strengthen the capacity of states to address minority health, and to share resources.

RESULTS/PROGRESS:

The network members meet regularly to share information, promising practices, and strategies in addressing minority health disparities.

SOURCE:

Office of Minority Health
Toll Free: 1-800-444-6472 / Fax: 301-251-2160
Email: info@omhrc.gov

DISEASE PREVENTION AND MANAGEMENT

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BEST PRACTICES in REDUCING HEALTH DISPARITIES
AIDS PREVENTION AND MANAGEMENT

AIDS Prevention	**Maryland**	**July – December, 2003**
Model	Location	Date

DESCRIPTION:

The High-Risk Youth (HRY) program focuses on youth ages 14 and up, and projects use one of two curricula proven to reduce risk in youth: Becoming A Responsible Teen and Making Proud Choices. Projects were in one of two categories: facilitator projects (adult training of youth) or peer educator projects (training of youth to act as educators for other youth). From July through December, 2003, a total of 807 pretests and 392 posttests were received from 17 HRY projects, and matching pretests and posttests were identified for 238 participants.

Participants in peer educator projects were mainly female (70%) and African American (80%), and ages 14 to 18 (79%). Participants in facilitator projects were mainly male (64%), but were also typically African American (50%) and ages 14-18 (91%).

INNOVATION:

Youth focused Aids prevention program

RESULTS/PROGRESS:

Youth in both types of projects showed significant increases in knowledge about HIV and AIDS, in awareness of HIV/AIDS-related services, and in positive attitudes towards condom use. Also, youth in peer educator projects (but not facilitator projects) showed an increase in perceived peer support for safer sex. No increases were found in perceived risk or in self-efficacy to use condoms.

SOURCE:

The Maryland AIDS Administration
500 North Calvert Street, 5th Floor
Baltimore, Maryland 21202
General Information: (410) 767-5227 or 1-800-358-9001

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BEST PRACTICES in REDUCING HEALTH DISPARITIES CANCER PREVENTION AND MANAGEMENT

Local Health Department Partnerships	**Maryland**	**2002- Present**
Model	Location	Date

DESCRIPTION:

With the passage of SB896/HB1425, the Maryland General Assembly established a Local Public Health Component as a part of the Cancer Prevention, Education, Screening and Treatment Program under the Cigarette Restitution Fund Program.

The purpose of the Local Public Health Component is to reduce cancer mortality in Maryland and to reduce disparities in cancer outcomes among whites and ethnic minorities.

There are seven targeted cancers identified as priorities under the Cigarette Restitution Fund Program. These cancers can either be prevented or can be detected early and treated. The seven targeted cancers are lung, colorectal, breast, cervical, prostate, skin, and oral cancers.

INNOVATION:

State department partnership with local health departments

RESULTS/PROGRESS:

Activities undertaken by the local health departments in implementing these cancer plans have included:

Education and Outreach

- Held 780 public education events reaching over 26,278 individuals.
- Awarded 147 subcontracts and mini-grants to local vendors to screen and provide outreach and education.
- Held 27 group health care professional educational sessions that reached 581 health care professionals, 33 percent of whom were minority.

Screening, Diagnosis and Treatment

- Completed blood stool kits on 985 persons, of these 97 (10%) were positive.
- Performed 57 sigmoidoscopies, of these 4 (7%) were positive.
- Performed 344 colonoscopies, of these 91 (33%) had polyps.
- Diagnosed and treated or linked to treatment five persons with colorectal cancer.

Infrastructure

- Formed Community Health Coalitions in 23 jurisdictions to advise the local health officers regarding the best strategies to control cancer.
- Compiled inventories of publicly funded cancer programs for each local jurisdiction.
- Developed comprehensive cancer plans in each jurisdiction.

SOURCE:

CRFP Contact Information:
Phone: (410) 767-7117 FAX (410) 333-5100
Email: CRFP@dhmh.state.md.us

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BEST PRACTICES in REDUCING HEALTH DISPARITIES
ASTHMA PREVENTION AND MANAGEMENT

Blue Cross of California

Comprehensive Asthma Intervention Program	**California**	**2001**
Model	Location	Date

DESCRIPTION:
The Comprehensive Asthma Intervention Program (CAIP) was developed to improve care for California Medi-Cal and Healthy Families members with asthma. CAIP encompasses innovative partnerships with members, providers, academic institutions, public health organizations, and communities, to maximize opportunities for improved asthma outcomes. The program includes an environmental component to improve community responses to environmental air pollution. Asthma education materials are distributed to communities to reduce or eliminate exposure to indoor and outdoor asthma triggers, and encourage members to visit their doctors, discuss their medications and develop asthma action plans. Materials have been translated into 11 languages, written in an easy to read format for members with low literacy and language proficiency. In addition, the program provides personalized pharmacy education for members upon receipt of asthma medication. The program was developed to increase the number of members that received consultations to ensure the proper use of controller medications.

INNOVATION:
Incorporating environmental health in asthma management and encouraging pharmacist's participation in asthma management and patient education.

RESULTS/PROGRESS:
The program leveraged their strength in reaching underserved populations and giving their existing asthma management programs added strength by partnering with local organizations and providers. Between 2001 and 2005, the use of appropriate asthma medication rose from 56.0 % to 66.4 % (HEDIS rates) in a subset of program members with asthma. From 2004 to 2005, asthma-related hospitalizations for Medicaid members with asthma decreased 60 %, and asthma-related emergency room visits decreased 46 %. Asthma-related outpatient visits to primary care physicians and specialists decreased 25 % and 14 %, respectively.

SOURCES:
Center for Health Care Strategies, Inc., Reducing Racial and Ethnic Disparities: Quality Improvement in Medicaid Managed Care, 2007.
BlueCross BlueShield Association, Creative Solutions to Asthma Management, http://www.bcbs.com/innovations/blueworks/access/asthma-management.html.
National Environmental Leadership Award in Asthma Management, http://www.asthmaawards.info/PreviousWinners/PreviousWinner-BlueCross.pdf

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BEST PRACTICES in REDUCING HEALTH DISPARITIES CARDIOVASCULAR DISEASE PREVENTION AND MANAGEMENT

Stratford Multicultural Health Program	**Connecticut**	**1999-2002**
Model	Location	Date

DESCRIPTION:
The Stratford Multicultural Health Program is a collaborative effort of Bridgeport's Park City Primary Care Center and the Stratford Health Department, through funding from the Connecticut Department of Public Health. The program seeks to address cardiovascular disease and its associated modifiable risk factors (nutrition, diabetes, exercise, and tobacco) among African Americans and Latinos residing in Stratford and Bridgeport. The program engaged African American and Latino community leaders, teenagers, adults, and seniors to identify priority health needs and concerns. Residents identified a plan of action that included the implementation of five actions: Start a farmer's market in the community to improve access to fresh fruits and vegetables; Improve bus routes to large supermarkets to improve access to more nutritious foods; Increase the number of diabetes screenings to minority residents; Launch a walking club to encourage residents to exercise regularly and maintain a healthy weight; and support the 'Tobacco Stings' youth tobacco prevention and education program by the Stratford Police Department.

INNOVATION:
Engaging community members in the direct planning of cardiovascular services for their communities. Changing existing agency policies and priorities and utilizing existing town and community resources to advocate for activities and programs.

RESULTS/PROGRESS:
The Stratford Multicultural Health Program succeeded in the establishment of a farmer's market located near predominately minority communities in Stratford. In addition, a walking club was created for residents in minority areas, and there was an increase in the number of 'Tobacco Stings' presentations conducted to minority youth. The program also included cultural competency training for Stratford residents and professionals in order to increase sensitivity to the health needs of minority communities.

SOURCES:
Health Departments Take Action: A Compendium of State and Local Models Addressing Racial and Ethnic Disparities in Health, Association of State and Territorial Health Officials, Washington D.C., 2004.
Stratford Health Department, Stratford Multicultural Health Project Newsletter, November 2000, http://www.townofstratford.com/health/communityhealth.shtm

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BEST PRACTICES in REDUCING HEALTH DISPARITIES
DIABETES PREVENTION AND MANAGEMENT

REACH 2010: Charleston & Georgetown
Diabetes Coalition South Carolina | **South Carolina** | _____
Model | Location | Date

DESCRIPTION:
REACH 2010 Charleston and Georgetown Diabetes Coalition is a community driven, diverse, urban-rural diabetes coalition working to eliminate health disparities of more than 12,000 African American adults with diagnosed diabetes. REACH 2010, Racial and Ethnic Approaches to Community Health, is a national demonstration project funded by US Health and Human Services through the Centers for Disease Control and Prevention (CDC). The Coalition offers diabetes education and helps people build skills to better manage their diabetes. The Coalition uses effective, cultural approaches to building knowledge and skills to help people better manage their diabetes, to help health practitioners provide better diabetes care, and to build community advocacy and support to sustain these efforts. More than 28 organizations and agencies make up the Coalition, which works through a collaborative network of contracted Partners. The Diabetes Initiative of South Carolina, funded by the South Carolina legislature, supports the work of the Coalition and is the central coordinating organization.

INNOVATION:
Effective university-community partnership building and mobilization of community resources for diabetes management.

RESULTS/PROGRESS:
REACH Charleston and Georgetown Diabetes Coalition has made significant progress in reducing diabetes disparities that reduce risk factors for complications, especially heart disease and amputations. Some program achievements are as follows: increased annual diabetes testing for hemoglobin, lipids, kidney testing, and foot exams for 13,000 African Americans; decreased lower extremity amputation rate (per 1,000 hospitalizations) in African American men from 80 to 31; decreased ER visits by 50% for unfunded persons with diabetes; and established faith-based volunteer diabetes program to work with local hospitals and Coalitions. Future plans include: establishing walk-talk groups, grocery store tours, health and information fairs, home and telephone visits, diabetes educational sessions, health care visits, and library-internet access.

SOURCE:
South Carolina Department of Health and Environmental Control (SCDHEC), Minority Health Disparities Initiative Database, http://scangis.dhec.sc.gov/scan/mhdi/support/welcome.asp, 2005.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BEST PRACTICES in REDUCING HEALTH DISPARITIES
OBESITY PREVENTION AND MANAGEMENT

Healthy Ohioans	**Ohio**	**2001**
Model	Location	Date

DESCRIPTION:
Healthy Ohioans is a multi-year, statewide initiative under the direction of the Ohio Department of Health (ODH) to encourage Ohioans to adopt healthier behaviors and lifestyles. Many Ohioans are not physically active, make poor food choices and as a result, are overweight or obese. The simple fact is that a healthy lifestyle is one of the most important prevention tools available. The Healthy Ohioans initiative is focused on four fronts: with schools through the Buckeye Best Healthy Schools Awards program; with businesses through the Healthy Ohioans Business Council; with state employees through the State Agency Wellness Committee and the State Employee Health and Fitness Taskforce; and in communities through the Healthy Ohioans- Healthy Community Awards.

INNOVATION:
Multi-pronged, multi-generational approach to reduce/prevent obesity.

RESULTS/PROGRESS:
The following are some accomplishments for the various components of the Healthy Ohioans initiative:

- The Buckeye Best Healthy Schools Awards Program doubled the number of participating schools from 2004 to 2006. For the 2005-2006 application year, 49 percent of all participating schools achieved either the silver or gold level of achievement in the focus areas of nutrition, physical fitness and tobacco prevention.
- The Healthy Ohioans Business Council successfully hosted the third annual HO Business Council (HOBC) worksite wellness conference on Nov. 13, 2006 with nearly 400 in attendance and released “Doing Well by Being Well”, a guide to designing employee wellness programs.
- The State Agency Wellness Committee and State Employee Health and Fitness Taskforce held its annual fitness challenge which engaged 91 local health departments in encouraging their employees to start or continue a 10,000-step walking program in 2004. In 35 of those departments, 70 percent or more of participants achieved their goals.

SOURCES:
National Governors Association, Center for Best Practices, Washington DC,
http://www.nga.org/Files/pdf/05WELLBRIEF.pdf
Healthy Ohioans Annual Report 2005-2006, Ohio Department of Health,
http://www.healthyohioans.org/ASSETS/7D07FEAD0FAF4BDE96BCE16B97E7BCFA/ho06rpt.pdf
http://das.ohio.gov/hrd/wellness/

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BEST PRACTICES in REDUCING HEALTH DISPARITIES
ORAL HEALTH PREVENTION AND MANAGEMENT

Citizen's Watch for Oral Health	**Washington**	**2002**
Model	Location	Date

DESCRIPTION:
The Oral Health campaign was launched by the Citizens' Watch for Kids' Oral Health, a partnership of Frameworks Institute; Washington Kids Count/University of Washington Human Services Policy Center; and Washington Dental Service, Inc. and funded by the David and Lucile Packard Foundation and the National Institutes of Health. The objectives of the campaign are to: ensure that oral health is viewed as an important health issue; identify opportunities to prevent oral disease and to advocate for increased prevention; and engage a powerful constituency to support policies to improve oral health. Using the slogan "Watch Your Mouth," the campaign used television and radio advertisements, posters, stickers, and pins to promote their cause. Materials were distributed to dentist offices, lobbyists, legislators, pediatricians, and other relevant parties. Now in their fourth year, the campaign is focused on three messages: 1) Prevent oral disease; 2) Protect the oral and overall health of both children and seniors; 3) Support cost effective solutions.

INNOVATION:
Effective use of mass media resources and coalition building to create public support for children's oral health.

RESULTS/PROGRESS:
Public awareness continues to grow about the connection between oral health and overall health, due to the Oral Health campaign and the efforts of the Citizens' Watch for Kids' Oral Health. Nearly 300,000 posters, brochures, tattoos and mugs have been distributed statewide, increasing visibility of the campaign and oral health in general. The Governor's 2003 budget included language that directs the Department of Social and Health Services and the Department of Health to "work together to identify opportunities for early intervention and prevention activities that can help prevent disease and reduce oral health issues among children." Opinion columns, editorials, news articles and letters to the editor have been published in virtually every major paper in Washington State. Print and radio ads have been run statewide to coincide with the legislative session. A new campaign, Baby Teeth, was launched to draw attention to the importance of healthy baby teeth. Public service announcements aired statewide with the key message: "First screen by first birthday."

SOURCES:
National Governor's Association, Center for Best Practices Issue Brief: State Effort to Improve Children's Oral Health, 2002.
Citizen's Watch for Oral Health, http://www.kidsoralhealth.org/campaign_updates.html, 2004.

BEST PRACTICES RESOURCES

Promising Practices

There is much work being done in communities all around America to eliminate health disparities for racial and ethnic minorities. To check out some promising practices, click on the links below:

National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health
http://www.omhsummit2006.org

Webcasts of 2006 National Leadership Summit
http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail%26hc=1616

HHS' Office of Minority Health Announces $3 Million in Emergency Planning Grants Focused on Minority Populations
http://www.omhrc.gov/templates/content.aspx?ID=4851&lvl=2&lvlID=40

Head on against Cervical Cancer
http://www.omhrc.gov/templates/content.aspx?ID=4738

HHS Awards $1.2 Million to Address Methamphetamine AbuseiIn Native American Communities
http://www.omhrc.gov/templates/content.aspx?ID=4627&lvl=2&lvlID=40

The African Diaspora is Moving AHEAD!
http://www.omhrc.gov/templates/content.aspx?ID=4792

Get Connected: New TARGET Web Site, Help Desk Centralize Ryan White Technical Resources
http://www.omhrc.gov/templates/content.aspx?ID=4794&lvl=3&lvlID=72

Virginia Department of Health, Office of Health Policy and Planning
http://www.vdh.virginia.gov/ohpp/clasact/generalresources.asp

Minority Health Disparity Initiatives Database, South Carolina Department of Health and Environmental Control, http://scangis.dhec.sc.gov/scan/mhdi/details.asp

Diversity Rx is a clearinghouse of information on how to meet the language and cultural needs of minorities, immigrants, refugees and other diverse populations seeking health care.
http://www.diversityrx.org/BEST/index.html

Tackling Health Inequities through Public Health Practice: A Handbook for Action

Through case studies, this report profiles innovative approaches used by local health departments, designed to address health inequities in their communities.
SOURCE: Washington, DC: National Association of County and City Health Officials, c2006; 252 p.